

## INSTRUCTOR CERTIFICATION APPLICATION

Please print or type all information. If you are applying for more than one category of instructor certification, include all areas on one application.

<input type="checkbox"/> <b>Initial Application</b> <input type="checkbox"/> <b>Renewal Application</b>	<p style="text-align: center;"><b>Specialized:</b></p> <input type="checkbox"/> Specialized High Risk <input type="checkbox"/> Specialized Technical <small>**</small> <input type="checkbox"/> Professional Lecturer <input type="checkbox"/> Master Instructor		
<input type="checkbox"/> <b>General Instructor</b> (Only DPS certified law enforcement officer or telecommunicator)			
<p><b>I apply to be certified as:</b>                  Fill in the specialized subject category below. Use additional sheets if necessary.</p> <p>_____</p> <p>_____</p>			
<p><b>Qualifications:</b>                  To determine qualifications for the different Instructor Certification levels, please consult the New Mexico Law Enforcement Academy Board Rules (10.29.4 NMAC). These rules can be found using the printed NMDPS Training &amp; Recruiting Division Reference Guide that is provided to all law enforcement agencies or online at <a href="http://www.dps.nm.org/training/">http://www.dps.nm.org/training/</a>. In addition, if the applicant has questions about which level of Instructor Certification applies, they are encouraged to contact the DPS Training staff.</p>			
<p><b>Applicant Name</b></p> <p style="text-align: center;"><small>Last    First    Middle    Maiden</small></p>			
SSN/DPS Cert#	<input type="checkbox"/> NMDPS Certified Law Enforcement Officer <input type="checkbox"/> NMDPS Certified Telecommunicator		
<p><b>Home Mailing Address</b></p> <p style="text-align: center;"><small>Street or PO Box    City    State    Zip</small></p>			
Agency/Organization (if applicable)	Contact phone Number: _____ Email: _____		
<p>I hereby certify the information contained in this application is true and correct. I understand I must follow the rules and regulations established by the Training Center in order to obtain credit for training courses I conduct.</p>			
_____ <small>Printed or Typed Name of Applicant</small>	_____ <small>Applicant Signature</small>	_____ <small>Date</small>	
<p>I certify the applicant is responsible for conducting training for my department and recommend that an instructor certificate be issued.</p>			
_____ <small>Sponsoring Agency</small>	_____ <small>Type or Print Name of Agency Head</small>	_____ <small>Title</small>	
_____ <small>Agency Mailing Address</small>	_____ <small>City</small>	_____ <small>State</small>	_____ <small>Zip</small>
_____ <small>Agency Telephone Number</small>	_____ <small>Agency Head/Designee Signature</small>	_____ <small>Date</small>	

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<b>EDUCATION</b>	List all specialized training received in support of this application. <b>Copies of all certificates must be attached.</b>						
DATE (Mo/Year)	<b>School Attended and Mailing Address</b> (use additional sheets if necessary).						
<b>TRAINING CONDUCTED</b>	Use additional sheets if necessary						
Date(s)	<b>Course Title and Location</b>						
<b>SPECIALIZED ASSIGNMENTS</b>	Use additional sheets if necessary			<b>ACADEMY EXPERIENCE</b>		Use additional sheets if necessary	
	Years Experience	Total Cases Successfully Worked	Court Established Expert (Yes or No)	Basic Academy Instructor in Specialty Class #	Date(s)	Site/Location	Subject
example Burglary	2.5	131	Yes	NMLEA #125	10/92	Santa Fe	Burglary